



CLAIM FOR REFUND DUE TO DEATH OF A MEMBER OR DEATH SETTLEMENT

State Form 46461 (R / 5-06)
Approved by State Board of Accounts, 2006

INDIANA STATE TEACHERS' RETIREMENT FUND
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860/ Toll Free: (888) 286-3544
Fax: (317) 232-3882 Web: www.in.gov/trf

Privacy Notice

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

INSTRUCTIONS: Please read the below alternatives carefully. Consult with an attorney or other advisor if you are not certain which alternative is appropriate for the deceased's circumstance. Do not send any claim forms without contacting the fund first. This form is to be used for non-spousal refunds only.

PAYMENTS TO ESTATES

Claim for refund due to death or death settlement, completed by a duly appointed representative of the deceased's estate and appropriately notarized. A Federal EIN is required before payment will be issued.

Letters testamentary or letters of administration, showing the representative's authority to act on behalf of the estate.

Consent to transfer securities or personal property (form 48839 IH-14), which must be approved and signed in triplicate by the County Assessor of the deceased's county of residence (only send 1 copy to us).

Payments to claimants other than estates (including trusts)

Claim for refund due to death or death settlement, completed by the claimant and appropriately notarized. A Federal EIN is required if paying to a TRUST.

Affidavit of distributee (Form 17294), making the statements (a through c) as described on the form, appropriately signed and notarized no sooner than 45 days following the death.

Consent to transfer securities or personal property (form 48839 IH-14), which must be completed by the claimant, approved and signed in triplicate by the County Assessor of the deceased's county of residence (only send 1 copy to us).

PLEASE NOTE: IF THE CLAIMANT IS A SURVIVING SPOUSE, THE CONSENT TO TRANSFER FORM MAY BE OMITTED ONLY WHEN AN ESTATE IS NOT OPENED.

DECEASED MEMBER'S PERSONAL DATA	
Deceased member's Social Security number	Deceased member's TRF number
Deceased member's name (<i>first, middle, last</i>)	
Deceased member's date of birth (<i>month, day, year</i>)	Deceased member's date of death (PLEASE SUBMIT DEATH CERTIFICATE) (<i>month, day, year</i>)
APPLICANT'S PERSONAL DATA	
Applicant's name (<i>first, middle, last</i>)	
Applicant's Social Security number	Applicant's date of birth (<i>month, day, year</i>)
If applicant represents the deceased's estate or trust, the federal ID number (EIN) is required.	Applicant's telephone number () -
Applicant's address (<i>number and street, city, state, Zip</i>)	

FEDERAL TAX WITHHOLDING

Election for payees of non-periodic payments.

INSTRUCTIONS:

Check the appropriate box below applicable to your election as to whether or not you want any Federal Income Tax withheld from the refund due to death of a member. If you elect to have Federal Income Tax withheld, TRF is required to withhold at a 20% rate on non-periodic payments.

Even if you elect not to have Federal Income Tax withheld, you will be liable for payment of Federal Income Tax on the taxable portion of the final distribution payment.

Sign and date the election and return it to the Indiana State Teachers' Retirement Fund. Be sure that this completed form is returned along with other documents for settlement of non-periodic payments.

For more information, please see IRS Publication #505, Tax Withholding and Estimated Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments.

☐ DO NOT WITHHOLD FEDERAL INCOME TAX FOR THE DEATH SETTLEMENT OR REFUND

☐ PLEASE WITHHOLD FEDERAL INCOME TAX FOR THE DEATH SETTLEMENT OR REFUND IF IT EXCEEDS \$200.00

Signature of the applicant

Date of signature (*month, day, year*)

STATE OF INDIANA TAX WITHHOLDING

Election for payees of non-periodic payments.

INSTRUCTIONS:

Indiana Income Tax withholding is optional on payments from the Indiana State Teachers' Retirement Fund.

The taxes owed, however, will have to be paid. The Indiana Tax rate is 3.4%.

If you wish to pay Indiana Income Tax on a pay as you go basis, select the exact amount you wish to have withheld from this non-periodic payment, and enter that amount of money.

EXAMPLE:

If you are taking \$400 in taxable money as a one-time lump sum payment, you might wish to withhold 3.4% of that amount for Indiana taxes. ($\$400 \times 3.4\% = \13.60)

I request voluntary income tax withholding from my death settlement or refund.

Enter the amount to be withheld from the death settlement or refund. \$_____

Signature of the applicant

Date of signature (*month, day, year*)

AFFIRMATION

I, _____, affirm, under penalty of perjury, the following:

I hereby certify that I am the legal _____ of the deceased member's account.
(i.e. Executor, Administrator, Distributee, Beneficiary etc.)

sworn to this _____ day of _____, 20 _____.

(Applicant's signature)

APPLICANT'S SIGNATURE MUST BE NOTARIZED BEFORE PAYMENT CAN BE MADE.

IF THE CLAIM FOR REFUND DUE TO DEATH OR DEATH SETTLEMENT FORM IS NOT COMPLETED PROPERLY, IT WILL BE RETURNED TO YOU AND THE PROCESSING OF YOUR PAYMENT WILL BE DELAYED.

NOTARY CERTIFICATE

STATE OF _____ Subscribed and sworn to me this _____ day of _____, 20 _____

COUNTY OF _____ Notary Signature _____

COUNTY OF RESIDENCE _____ Notary Printed Name _____

NOTARY SEAL Date Commission Expires _____
(month, day, year)

PLEASE RETURN COMPLETED FORM TO
INDIANA STATE TEACHERS' RETIREMENT FUND
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809